

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE:****11th SEPTEMBER 2024****REPORT OF LLR DIRECTOR OF URGENT & EMERGENCY CARE****WINTER PLANNING UPDATE****Purpose of the report**

1. The purpose of this report is to summarise planning to manage Winter pressures across Leicester, Leicestershire and Rutland (LLR) in 2024/25 and provide an update on the COVID-19 and wider vaccination programme for the eligible population resident within LLR.

Policy Framework

2. Urgent & Emergency Care plans were developed at the beginning of 2024/25 at each LLR NHS collaborative / partnership level, and the infographics in Appendix A summarise the outputs and outcomes. These plans include actions which will be further enhanced to support winter pressures whilst retaining a business-as-usual function throughout the whole year.
3. Our LLR Health and Care Winter Workshop on 5th September 2024 will yield a Winter Plan Summary for wider cascade and subsequent updates.

Background

4. Winter planning is an annual responsibility of health and social care organisations, to manage safe delivery of care with the anticipated increase in demand because of weather conditions and seasonal illnesses.
5. Across the health and social care system, winter planning is co-ordinated to ensure that there are robust arrangements to cope with demand and surges in activity, and that agencies are working together to manage pressures to ensure that residents continue to receive safe and appropriate care.
6. It is important to note that urgent and emergency services pathways have continued to experience challenges during 2024/25 resulting from industrial action, most recently Junior Doctors and Healthcare Support Workers, and currently the GP Collective Action.

Winter Planning for 2024/25

7. Key focus areas are:
 - Flow In, which focusses on community services and pathways aimed at reducing conveyance to, and attendance at ED appropriately according to individual clinical need;
 - Flow Through, which focusses on optimising flow through hospital by ensuring capacity in the right places and robust process are in place;
 - Flow Out, all of which align with the infographics in Appendix A.

8. **Flow In (pre-hospital care pathways and services)**
 - The role of NHS111 in supporting patient signposting and reducing the possibility of multiple touchpoints in the patient journey (please refer to the Communications section below for the detail).
 - Maximising community pharmacies support for minor ailments and the provision of healthcare advice across Monday to Sunday.
 - Supporting EMAS to access advice from central access points and to book patients directly into Urgent Treatment Centres.
 - Supporting EMAS to take patients directly to UHL or community clinical services without the need to arrive via the LRI Emergency Department (“ED”).
 - Increasing high quality and meaningful care plans for patients with pre-existing or long-term conditions to support them to know how to manage their condition(s) and how to seek advice and support.

9. **Flow Through (ensuring that patients do not stay in hospital for longer than is clinically necessary)**
 - Ensuring that we have sufficient beds in the most appropriate locations.
 - Implementation of process improvements such as eBeds.
 - Reducing internal delays.
 - Adjusting bed capacity during winter to match demand.
 - Reviewing discharge processes to support patients to be transferred to a new place of residence or go home as quickly as possible.

10. **Flow Out (leaving hospital and receiving care at home)**
 - Increasing the number of patients who can be discharged directly from ED without needing to be admitted to a hospital bed.
 - Improving information flows to support patients to leave a hospital bed on the day that they become well enough.
 - Increasing community capacity for patients to move to in order to receive rehabilitation, recovery and reablement prior to being able to return home.
 - Increasing the capacity in Virtual Wards to support patients to have the confidence to stay at home with remote clinical support and management.

Mental Health, Learning Disabilities and Autism

11. In addition to the above, extra emphasis is given to ensure that people experiencing mental health needs know where to get help. The intention is to grant fund small projects that can help promote the mental health support and awareness of services that are available to people during the winter months. As in recent years, there has been an increase in people attending health services during the winter months due to the additional pressures caused by the cost-of-living and fuel crisis. We are looking for partners to collaborate with us over the winter months to increase the awareness and subsequent take up of the support that is available in neighbourhoods.
12. The NHS111 option 2 is also live and is a keyway for people of any age to get support with a mental health crisis. The phone number takes callers to our local mental health Central Access Point, where they can speak to trained mental health professionals and get support to help them in their time of need.

LLR Immunisation Programme Campaign Update

13. Please refer to the presentation slides in Appendix B.

Communications

14. The system communications and engagement community collaborate all year round to ensure consistent messaging is used by all partners about where to get support for physical and mental health concerns, to encourage vaccination and supporting people to stay well.
15. Consistent with the annual operational urgent and emergency care plans, the communications plan focuses on prevention, flow in, flow through and flow out. Across all system partners the following topics will be promoted:

Phase	Messaging
Prevention	Vaccinations: RSV, whooping cough, Covid and flu, MMR, HPV and other childhood immunisations. Timely repeat prescriptions Long term conditions management, including respiratory/asthma Keeping warm: warm spaces and homes, energy grants Cold weather advice Falls prevention Cost of living support Social isolation and loneliness Staff health and wellbeing and vaccinations
Flow in	Self-care and self-referral for physical and mental health Pharmacy and Pharmacy First Urgent care options: NHS 111 and urgent care services

	Appropriate use of 999 NHS App Use of general practice Mental health support: NHS 111, talking therapies, children's services Finding a dentist Accessing care over Christmas and the New Year.
Flow through and out	Enhancing system colleague knowledge about referral services and pathways. Patient transport

16. Working in partnership, system partners will focus on making good use of all owned communications channels, including PR, front line staff and voluntary sector networks. A combination of national and local campaigns will be used, with local resources focused on helping to minimise health inequity and where locally specific information needs to be communicated.

Officer(s) to contact

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